Affidavit of Laurence V. Cronin

Exhibit I I

The Corporate Plaza

P.O. Box 410

(Courier 19801) Phone (302) 652-8400

Fax (302) 652-8405

www.skfdetaware.com

800 Delaware Avenue, 7th Floor

Wilmington, Delaware 19899



March 28, 2006

Craig B. Smith

Robert J. Katzenstein

David A. Jenkins

Laurence V. Cronin

Michele C. Gott

Cathleen M. Miller

loger D. Anderson

oelle E. Polesky

lobert K. Beste

tta R. Wolfe

Attorneys at Law

VIA FACSIMILE 860-731-3238

Ms. Gracie Gunther Senior Claim Manager Cigna Group Insurance Routing D212

12225 Greenhill Ave, Suite 1000

Dallas, TX 75243

Re:

Lipscomb v. Electronic Data Systems Corporation

(C.A. No. 05-477 SLR, D. Del.)

Dear Ms. Gunther:

Thank you for speaking with me this morning regarding the documents we received today in response to our subpoena directed to Life Insurance Company of North America ("LINA") in the above referenced matter. As I explained, I have two questions regarding the documents produced. First, I have enclosed various portions of the production (which we have numbered LINA-001 through LINA-036) which appear to omit certain information that should be contained in the electronic form of each document prior to being printed. The relevant documents I have enclosed are numbered LINA-013 through 024 and LINA-034 through 036. As I also explained when we spoke, I assume that this reflects nothing more than the problem that often occurs when printing from certain web-based applications. I would appreciate it if you could check the electronic form of these documents to determine whether it is possible for us to receive (in either paper or electronic form) a complete copy of each document.

Second, since there were no documents produced in response to the second category of documents identified in our subpoena, I asked you to confirm whether there are any records kept by Cigna or LINA that would identify documents received at fax number 800-325-1016. In reviewing the subpoena again this morning, I realized that it contains a typographical error in that the correct number of the fax number at issue is 800-325-7016. To assist with this request, I have enclosed two additional documents. First, from your production I have enclosed a document numbered LINA-026, which appears to be an e-mail faxed to Ms. Lipscomb's physician on May 7, 2004. In addition, I have enclosed a three page document numbered HL 085 through HL 087, which appears to

Ms. Gracie Gunther March 28, 2006 Page 2

> reflect this same document being returned to 800-325-7016 on June 21, 2004. One of the purposes of our subpoena was to determine whether Cigna or LINA has any documents which either confirm or refute our belief that this document was received at that fax number on that date, or at 800-377-4286, which I assume to be another Cigna or LINA facsimile number to which this transmission was directed. While we expect to confirm your company's position with respect to this issue through a deposition in the very near future, it would obviously assist us in scheduling that deposition if we have an understanding as to the records that may exist within Cigna and LINA. If you wish, I would be pleased to serve an additional subpoena if that will expedite a response.

> Please let me know if you have any questions regarding this matter. I look forward to hearing from you.

Laurence V. Cronin

LVC/vkm

Enclosure

Thomas J. Piatak, Esquire (via facsimile) cc:

Active Contents

mips.nums-accianii.givap.oi6.....voi

Type

Completed

STD

Status:

Due Date

04/29/2004

Assigned To

Charlene Crowder

Sharon Reeves

Created By

Assigned To:

LINA-013

Name

Create

LIPSCOMB, HESTAL REDACTED

Task: Provide Start Date:		710004				
Details	105/2	7/2004		Due Da	ate:	
Details			REDA	CTED		3M6500-7250
<u></u>	ESTAL LIPSCOMB		 :		DOB	F
Account Name El	ECTRONIC DATA	SYSTEMS	Account #	SHD0985005	Incurred Date	•
Claim Manager Cl	narlene Crowder		Incident#	1191446	Claim Eff Dt-	Status
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LINA-015

Page 3 of 3

Provider's Estimated RTW Date		☐ Copy to Claim File	•
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Specialty		Provider Referral Date	
Number		Ext.	
Remarks			'
	•		
First Name		Last Name	
Specialty		Provider Referral Date	
Number		Ext.	
Remarks			
First Name		Last Name	
Specialty		Provider Referral Date	
Number Remarks	1	Ext.	ļ
	· .	-	•
ast Changed User	Sharon Reeves	Last Changed Date	06/02/20
	•		·

(3)	Task	
-		

ΛQ.	Contents
MT	COMMENTS

Notes (0/0)

Start Date:	05/03/2004		Due Date:	;		0
Details		REDA	CTED	and a construction of the		
Name	HESTAL LIPSCOMB			DOB	. •	
	ELECTRONIC DATA SYSTEMS	 Account	# SHD0985005	incurr	ed Date	
	Charlene Crowder	— Incident	# 1191446	 Claim	Eff Dt-Sta	tus
	Contact Information -	Interview D	ocumentation - S	Spouse I	nformation	1
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Type Due Date ♦ STD 04/29/2004	Created By Assign Charlene Cr		Name REDACTE
	,	Last Changed Date	06/02/2004
Comments			_

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MUCIICA. I ASK

Page 1 of 6

Notes (0/1) 🐒 Task 🐧 Task: Intake Due Date: 04/20/2004 Start Date: 🍰 Details (302)454-7622 Phone TRACEY EADDY **Requestor Name** (302)655-8973 **HESTAL LIPSCOMB** Phone __ **Employee Name** STD **ELECTRONIC DATA SYSTEMS (EDS)** Claim Type **Account Name** Requestor Information - Employee Information - Employer Information Supervisor Information - Condition Information - Medical Information - Information f Requestor Information After Hours E E-Mail Fax Mail Telephonic Web **Format** 04/30/2004 Received Date **Employer** Role TRACEY First Name EADDY Last Name (302) 454-7622 Type Other Phone Number Phone Number REDACTED **Employee Information** MZ8S22 **Employee ID Number** Date of Birth REDACTED Prefix Name HESTAL First Name Middle Initial LIPSCOMB **Last Name** Suffix Name Added Home Address 3111 W. 2ND STREET Address Line 1 1ST FLOOR Address Line 2 19805 Zip Code WILMINGTON City DELAWARE State/Province **United States** Country Number Type (302) 655-8973 Home Phone Number 1 (302) 454-7622 Work Phone Number 2 Phone Number 3 Phone Number 4 E-Mail Address 🛛 Female 🗐 Male Gender **LINA-019**

Preferred Language	English Partner	Single 🖾 Unknown 🖾 Unreported 🖆 Wid
Employer Information	Jengiisii	onreported LI Wid
Account Name	ELECTRONIC DATA SY	STEMS
WC/FROI Indicator	(EDS)	
MEA Indicator		
Work Location	Fed OK	
Address Line 1	248 CHATMAN RD.	
Address Line 2	STE 100	
Zip Code	19702	
City	NEWARK	
State / Province	DELAWARE	
Country	United States	***************************************
Supervisor Information	, and a second	
First Name	and the second of the second	
Last Name	TRACEY	
Phone Number	EADDY	
E-Mail Address	(302) 454-7622	Ext.
	TRACEY.EADDY@EDS.CC	M
Description of Job Duties Typing/Computer Work Sitting Standing Walking Supervise/Manage Stooping Crawling Operating Heavy Equipment Writing(manual) Occupation Category	05 - Office and Clerical	Repetitive Motion Phone Phone Bending Climbing Pushing Carrying Lifting Other
Job Title	MAIL ROOM CLERK	
Date of Hire	07/29/2002	
Last Day Worked	04/28/2004	
First Day Missed From Work**	04/29/2004	<u>-</u>
Expected Time Out of Work		
Expected RTW Date		
Other Employment?	No	
Applied for or Receiving	No	
Other Benefits?	140	
Condition Information Condition Diagnosis or Description of Medical GRANDULURE TUMOR	☑ Illness ᠌ Injury	
T.		
· r		

LINA-020

Claim Type	STD	
Illness/Injury Information	'	
Date Accident Happened	03/01/2004	
or Symptoms first Appeared	1	
Past/Recurrent Condition?	Yes	
Other Medical Conditions:		. •
		. 🌤
Did Condition Result in Death?		•
Time of Injury		
Body Section		
Side		
Body Part		
Nature of Injury		
Cause of Incident		
Place of Illness/Injury	■ Auto ■ Home ☑ Other	
State Accident Occured In		
Describe What Happened:		
Place Description		
Address Line 1		
Address Line 2		
City		
State/Province		
Country	United States	
Witness Information	•	
Were There Witnesses?	NO TOTAL SECURITIES OF THE SECURITIES AND ASSESSED TO A RESIDENCE OF THE SECURITIES	
Medical Information	1	
Hospital or Clinic?	No	
Surgery Information		
Surgery Scheduled or Performed?		
Date of Surgery		The state of the s
Type of Surgery	04/29/2004	
	1	
Provider Information	A series 2.2.1.2.2.2	
First Name	JOHNATHAN	
Last Name	KRAUT	·
Address Line 1	501 W. 14TH ST.	
Address Line 2		
Zip Code	19801	
City		LINA-021

Standard Days Vary Time	es Vary
8:00 AM	**
5:00 PM	
40	
04/01/2004	
\$20,000.16	Annually
Annual Salary: 20000.16 - Monthl	y: 1666.68 - Weekly: 384.62
	Standard

Did employee receive a pay increase at last review?

In the past 12 months, has the employee been out of work more than 5 consecutive days,

₩ STD 04/29/2004

Created By

Assigned To Charlene Crowder

LIPSCOMB, HESTAL REDACTED

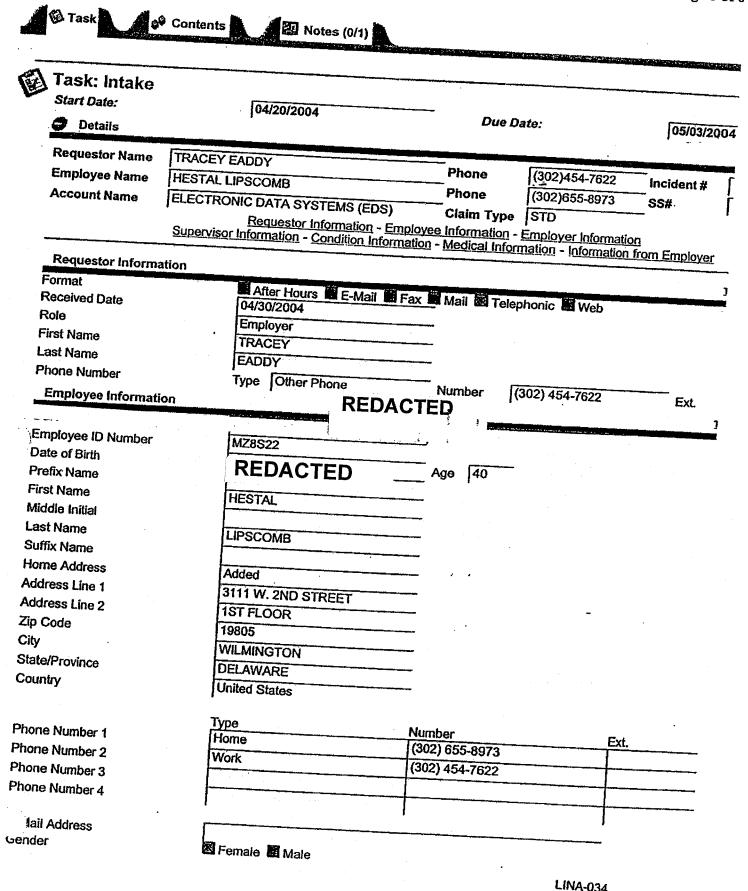
Nan

Status: Completed Assigned To: Timothy Wilson

LINA-023

LINA-024

Case 1:05-cv-00477-SLR



enza: Task

		•	
Is Condition Related to Work Activities?	No		
Claim Type	STD		
Illness/Injury Information	S. Carlo Vac Conference 4		Para 1980 (1981) (1981) (1981)
Date Accident Happened	03/01/2004		
or Symptoms first Appeared			<u>-</u>
Past/Recurrent Condition?	Yes	. •	
Other Medical Conditions:			
Did Condition Result in Death?			
Time of Injury			
Body Section			
Side			
Body Part			
Nature of Injury			
Cause of Incident	Auto Home Other		
Place of Illness/Injury	Auto Home La Otrei		
State Accident Occured In Describe What Happened:	Ĭ	<u> </u>	
Describe What Happened.			
Place Description			
Address Line 1			
Address Line 2			
City			
State/Province	United States		
Country	Officed States		
Witness Information	The second of th		
Were There Witnesses?	1	<u> -</u>	
Medical Information	A pro-		
Hospital or Clinic?	No		
Surgery Information			
Surgery Scheduled or Performed?	Yes		
Date of Surgery	04/29/2004		
Type of Surgery			
Provider Information	,		
	JOHNATHAN		
First Name	KRAUT		
Last Name	501 W. 14TH ST.		
Address Line 1	001 17. 13111 01.		
Address Line 2	19801		
Zip Code	15001		
City	Į.	INA	-035

Name a 04/29/2004 Charlene Crowder

LIPSCOMB, HESTAL REDACTED Completed Assigned To: Timothy Wilson

LINA-036

Created

5/1/2001

Facsimile Transmission Cover Sheet



Transmit to FAX number 302-428-6403	Date 05/07/04	Time (including this sheet):	Total number of pages
10		From	
Name		•	
Dr. Emily Jane Penman		Name	
Company		Charlene Crowder	
• •	•	Department	
Phone		Fax: 1.800.325.7016	
302-428-4413		Phone	
Address		(800) 352-0611, ext. 5686	
		Address	
		D212	
		12225 Greenville Ave	
		Suite 1000	
Patient: Hestal Lipscomb DOB:	REDACTED	Dallas, Texas 75243	

We are currently evaluating a Short Term Disability claim for the above named patient. In order to make a determination on extending your patients disability benefits we need the following please:

What is the current diagnosis? What was the first date of treatment for current diagnosis?

What is the first day the doctor certified the patient disabled? Hospitalized/ dates:

What are the current limitations/restrictions that prevent or prevented the patient from working?

Please send copies of all current test results and office notes from April 2004 hrough the present.

What are the current treatment plan goals and when do you anticipate a full time return to work?

What is next office visit?

Please list medications and test to be done.

hank you for your cooperation in this matter. Should you have any other further questions, please do not hesitate to contact ie. To expedite the processing of the claim, we ask that you respond to our request via facsimile 1.800.325.7016.

ncerely, narlene Crowder ıse Manager

LINA-026

CONFIDENTIALITY NOTICE: If you have received this facsimile in error, please immediately notify the sender by telephone at the number above. The documents accompanying this facsimile transmission contain confidential information. This information is intended only for the use of the

NA Group Insurance products and services are provided exclusively by underwriting subsidiaries of CIGNA Corporation, including Life Insurance Company of North America, NA Life Insurance Company of New York, and Connecticut General Life Insurance Company. "CIGNA" is used to refer to these subsidiaries and its a registered service mark.

[] Acknowledgment Requested

To Fax a reply, dial: (800) 325.7016

MESSAGE CONFIRMATION

Ø6/21/2ØØ4 Ø8**:5**5 ID=MARY BETHS OFFICE 4284627

MODE S.R-TIME DISTANT STATION ID DATE OΚ 0000 CALLING 02 00'42" 18003774286 06/21

DØ1 NO.528 MARY BETHS OFFICE 4284627 > 818003257016 06/21/2004 08:54

Message:

MS Donna McNee, RN NA , debo's Isede 1

HL-085

□ Alberta Lockhart, MA

From:

| Shella Mathle, RN

MAY. 7. 2004 10:54AM

GIGNA LLAS

NO. 597 P. 1/

Facsimile Transmission Cover Sheet



Transmit to FAX number 302-428-6403	Date 05/07/04	Time (including this sheet) :	Total number of pages
То		From	÷
Name Dr. Emily Jane Penman		Name: Charlene Crowder	
Сотрапу		Department Fax: 1.800.325.7016	
Phone 302-428-4413		Phone (800) 352-0611, ext. 5686	
Address	REDACTED -	Address D212 12225 Greenville Ave Suite 1000 Dallas, Texas 75243	

We are currently evaluating a Short Term Disability claim for the above named patient. In order to make a determination on tending your patients disability benefits we need the following please:

What is the current diagnosis? What was the first date of treatment for current diagnosis?

REDACTED

What is the first day the doctor certified the patient disabled? Hospitalized dates: 4 29104 _ 5 17+ or

What are the current limitations/restrictions that prevent or prevented the patient from working? Wolly's Sich

Please send copies of all current test results and office notes from April 2004 through the present.

What are the current treatment plan goals and when do you anticipate a full time return to work? Notwork which while while which while the current treatment plan goals and when do you anticipate a full time return to work? Notwork while while while while while the current treatment plan goals and when do you anticipate a full time return to work?

What is next office visit? Will veen gantic comsday.

Please list medications and test to be done. Par words one the constant.

Thank you for your cooperation in this matter. Should you have any other further questions, please do not hesitate to contact me. To expedite the processing of the claim, we ask that you respond to our request via facsimile 1,800.325.7016.

Sincerely, Charlene Crowder Case Manager

CONFIDENTIALITY NOTICE: If you have received this facsimile in error, please immediately notify the sender by telephone at the number above. The documents accompanying this facsimile transmission contain confidential information. This information is intended only for the use of the individual(s) or entity named above. Thank you for your compliance.

CIGNA Group insurance products and services are provided exclusively by underwriting subsidiaries of CIGNA Corporation, including Life Insurance Company of North America, CIGNA Life Insurance Company of New York, and Connecticut General Life Insurance Company. "CIGNA" is used to refer to these subsidiaries and is a registered service mark.

[] Acknowledgment Requested

To Fax a reply, dial: (800) 325.7016

Wilmington Health Care Center 501 W. 14th Street Wilmington, DE 19801 EAX: 302 428-6403

Phone: 302 428-6496

CHRISTIANA CARE HEALTH SERVICES

From (office of):	But cal	Practice	
CC	ONFIDENTIAL		
To: () S na Fax: 1-8-00-32 S- 2	Date: No. of Pa	ges: 6/3\(ع ب + cover
From: Sheila Mathis, RN Alberta Lockhart, MA Shazi Zodeh, RN Donna McNee, RN			,
Re: Hestal Lips Message:	Comp		

TX REPORT **********

TRANSMISSION OK

TX/RX NO

CONNECTION TEL

SUBADDRESS

CONNECTION ID

ST. TIME USAGE T

PGS. SENT

RESULT

3868

918607313238p04297

03/28 14:54

07'04 22

OK

Smith Katzenstein Furlow LLP Attorneys at Law

The Corporate Plaza 800 Delaware Avenue P.O. Box 410 Wilmington, DE 19899 Telephone: (302) 652-8400 Telecopy: (302) 652-8405

FACSIMILE COVER SHEET

To:	Ms. Gracie Gunthe	<u>or</u>
	Facsimile No.	860-731-3238
	Telephone No.	
From:	Laurence V. Croni	n, Esquire
Date:	March 28, 2006	,
		·
MESS	AGE/ATTACHMEN	(T(S):

Total number of pages, including this cover letter:



03/28/2006 Case 1:05-cv-00477-SLR Document 38-24 Filed 07/03/2006 Page 24 of 62 001 ...

> ********** TX REPORT ********

TRANSMISSION OK

TX/RX NO CONNECTION TEL

912166960740p04297

SUBADDRESS

CONNECTION ID ST. TIME

03/28 15:11

USAGE T PGS. SENT RESULT

07'13 22 OK

3869

Smith Katzenstein Furlow LLP

Attorneys at Law

The Corporate Plaza 800 Delaware Avenue P.O. Box 410

Wilmington, DE 19899 Telephone: (302) 652-8400 Telecopy: (302) 652-8405

FACSIMILE COVER SHEET

Thomas J. Piatak, Esquire To:

Facsimile No.

(216) 696-0740

Telephone No.

(216) 621-0200

From:

Laurence V. Cronin, Esquire

Date:

March 28, 2006

MESSAGE/ATTACHMENT(S):

Total number of pages, including this cover letter:



will conn ken pand as soon as mossible and

Affidavit of Laurence V. Cronin

Exhibit JJ

Facsimile Transmission Cover Sheet



Transmit to FAX number 302-652-8405	April 3, 2006	Time 11:25 AM	Total number of pages (including this sheet): 33
То		From	
Name Laurence V. Crpnin, Esq.		Name Gracie Gunther	
Сотрапу		Department	
Phone .		Phone 800-352-0611, Ext. 7170	
Address		Address 12225 Greenville Ave. Suite 1000 Dallas, TX 75243	

EXHIBIT NO.

CONFIDENTIALITY NOTICE: If you have received this facsimile in error, please immediately notify the sender by telephone at the number above. The documents accompanying this facsimile transmission contain confidential information. This information is intended only for the use of the individual(s) or entity transed above. Thank you for your compliance,

"CIGNA" and "CIGNA Group Insurance" are registered service marks and refer to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Life Insurance Company of North America, CIGNA Life Insurance Company of New York, and Connecticut General Life Insurance Configuration.

[] Acknowledgment Requested

To Fax a reply, dial: 860-731-3102

Page 1 of 32

Claim File Summary Information REDACTED

REDACTED

Name Account Name HESTAL LIPSCOMB

ELECTRONIC DATA SYSTEMS Claim Manager harlene Crowder

Account # SHD0985005 Incident# 1191446

Incurred Date

04/29/2004

Claim Eff Dt-Status 06/02/2004 - Closed

Report date: 04/(3/2006 11:28:03 AM EST

https://dms-accllim.group.cigna.com/acenza/custom/ClaimFilePrint.asp

4/3/2006

Employee Info					
l l	REDACTED	First Name	HESTAL		
Date of Birth Gender	REDACTED Female	Last Name Age Marital Status	LIPSCOMB 42 Single	MI Suffix Nan SIT State	ne DELAWARE
Address Line 2 City	3111 W. 2ND STREET 1ST FLOOR WLMINGTON	State/Province Other	DELAWARE	Zip Code	19805
Phone Information	Home Work	Number Number	(302)655-8973 (302)454-7622	Ext.	
ype ype -Mail Address		Number Number	(002)43447022	Ext, Ext. Ext.	
st Changed User	Timothy Wilson		Last Changed Date	04/30/2004 08. Created: 04/30	:26 AM 0/2004 09:26 AM

https://dms-acclaim.group.cigna.com/acenza/custom/ClaimFilePrint.asp

1/2/2006

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Primary Clair	u i lie	REDACTED	REDACTE
Account Name ELE	STAL LIPSCOMB CTRONIC DATA SYSTEMS flene Crowder	Account # SHD0985005 Incident # 1191446	DOB Incurred Date 04/29/2004 Claim Eff Dt-Status 06/02/2004 - Ck
Assignment Infor	nation		
Team Name	D-Roscoe	Claim Office	Dallas
Nurse Claim Type	STD	Vocational Rehab	
Claim ReopenediRea Claim Status Reason		In Occ	
Inancial Arrangeme	• • • • • • • • • • • • • • • • • • • •		! In Sult Indicator
Incident Informatio	on		
ast Day Worked	04/28/2004	Hours Worked Last	t Day 8
Benefit Start Date	05/06/2004	Benefit Term Date	05/06/2004
enefit Paid Through		Claim Registered D	Date 05/03/2004
Received Date	04/30/2004	STD to LTD Transit	tion Date 04/06/2004
iny-Oco Date	0.4 MA Mana 4	SUTA State	DELAWARE
curred Date	04/29/2004		
	Disability Duration (In D	ays)	
art Time	Full Time	Red Flag	Does Not Exist
ledical Information	1		
ental Illness Limit		Claim Complexity	Level 2
rimary ICD Code	799	•	
rimary ICD Desiripti	on OTH ILL-DEF MORE	SMORT .	
econdary ICD Code			
condary ICD Descri	•	,	
ondition	Iliness		
ccupation Inferma	tion		
cupation Category	05 - Office and Cleric	al	
nployee ID	01071260	Date of Hire	07/29/2002
b Title	MAIL ROOM CLERK	***************************************	No
use of Loss Dyscrip	otion 054 - Sickness - Nor	1-Occ	
ey Dates			
(D			
D Reason Code			
ovider's Estimated R d Approved Triroug		Actual RTW Proof of Loss Date	06/02/2004
M Information			
.]			
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Pre-SAM Effective Date SAM Review Type

SAM Effective Date

Policy / Key Clange Information

Rated/Ported Code

Number of Months in Split

0

Split Transition Date

LINA Only

Policy Symbol

SHD

Policy Number

0985005

Suffix

001

Coverage Code

822

CG Only

Account Number

Major/Minor Sub Minor

Policy Code

Division

Last Changed User ID

Kim Rudeen

Last Changed Date

06/02/2004 11:39 AM

Created: 04/30/2004 09:26 AM

https://dms-accllim.group.cigna.com/acenza/custom/ClaimFilePrint.asp

4/3/2006

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Med/Voc	a construction of the second s	REDACTED	REDACTED
Account Name	ESTAL LIPSCOMB LECTRONIC DATA SYSTEMS harlene Crowder	Account # SHD0985005 In	OB ocurred Date 04/29/2004 laim Eff Dt-Status 06/02/2004 - Close
Medical Inform	ition		
ate Accident Hac	pened 03/01/2004		
r Symptoms First			
Provider's Estimat	ed RTW	ERD	
Date			and the personner
rimary ICD Code	799	Primary ICD Descrip	
Secondary ICD C	de	Secondary ICD Desc	npuon
evel of Function.	il Capacity	Actual RTW Date	
Healthcare Con	nect		
lealthcare Conne	ct Yes	Early Notice ID	000000000
CHC Data Source		CHC Eligibility Source	
CHC Medical Pro	uct Type	CIGNA Behavioral Ty	/pe
CHC Well Aware	Unknown		,
Treatment Info	mation		
vame of Hospitaly	or I		
Clinic			
Date Admitted		Date Discharged	
Expected Deliver	Date	Delivery Method	
Actual Delivery D	ite	Complications	
Date of Surgery	04/29/2004	Type of Surgery	
Vocational Reh	b Information		
Mandatory Rehati		DOT Description	
Occupational Characteristics			
OT Occupations	Titles1	DOT Occupational Ti	itles2
OT Occupations	l .	Claimant Educationa	
: :		Background	
ै Claimant Work Hid	tory		·
Rehab Accepted i		Rehab Closed Date	
Outcome		RTW Category	
1		day of the second secon	
ast Changed Use	r Timothy Wilson	Last Changed Date	04/30/2004 08:26 AM
• • • • • • • • • • • • • • • • • • •			Created: 04/30/2004 09:26 AM
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Page 6 of 32

Account Name Account Name Account Name Claim Manager Claim Manager Andren Compensation Inform Weekly Amount Average Weekly Vage (f weeks preceding disabil Benefit Information Waiting Period Waiting Period Code Maximum Period; Total Benefits Pad Through Amount Period Code Contribution Informat STD Effective Date Contribution Taxability Tax Contribution LTD Effective Date Overpayment Informat Total Amount Deduct Start Date Social Security Inform Date of Birth of Youngest Dependent Received Date Vendor Name Vendor Referred Late Benefit Segment tumber	e Crowder 1ation \$ 403.85 for 8 \$ 0.00 ity) 7 26 \$ 0.00 01 - 26 Weeks	Mod Tot Wed Days Weeks	SHD0985005 I 1191446 (nthly Amount al Hours Worke ek	\$ 1	04/29/2004 tatus 06/02/2004 - Ci
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enefit Segment Number					· · · · · · · · · · · · · · · · · · ·
ii ii	Net Benefit Effective	Date Gross	Benefit Amou	nt Not	Benefit Amount
	05/06/2004	\$ 175	0.02	\$ 179	50.02
enefit Segment Inform	U0/U0/20U4				
enefit Frequency				Data	
		lard 30 Benef	it Paid Through	Late	

Page 7 of 32

Compensation Frequency Integration Method Calculation Rounding Indicator Calculation Basis	N - No Rounding Applies	Compensation Amount Override Override Amount	\$ 1750.02 0 % \$ 0.00
Benefit Minimum Amount Flat Benefit Amount Net Benefit Amount Net Benefit Effective Date	100 % \$ 0.00 \$ 0.00 \$ 1750.02	Basic Amount Benefit Maximum Amount Gross Benefit Amount Net Benefit Type	\$ 1750.02 \$ 0.00 \$ 1750.02 N - Gross or Gross less Offsets

Offset Information

Offset Type	Status		Control of the Contro		
23 - Rehabilitatiori	T - Expected RTW	Effective Date 05/06/2004	Term Date	Amount	
}				\$ 0.00	
				\$	
1				\$	
				\$	
				\$:
Last Changed User	Kim Rudeen	Last Changed Date	06/0	02/2004 11:41 AM	!

Created: 04/30/2004 09:26 AM

06/02/2004 11:41 AM

Page 8 of 32 Eligibility REDACTED **REDACTED** Name HESTAL LIPSCOMB DOB Account Name LECTRONIC DATA SYSTEMS Account # 5HD0985005 incurred Date 04/29/2004 Claim Manager ikharlene Crowder Incident # 1191446 Claim Eff Dt-Status 06/02/2004 - Closed Decision Information Соге Eligible Date 05/03/2004 Buy-Up Date Supplemental information CIGNA Life Insurance Life Policy Number Waiver of Premiuin **Family Monthly** Income Pension Contribution Total & Permanent

Disability Late Submittal Pension Supplement Pre-Existing Condition 3 - Pre-X investigation pending

Continuity of Coverage PCL Investigation End

Date

Date Occupational Provision

Last Changed User Timothy Wilson

Begin

PCL Investigation

Employer Location Information Location Number 02

Location SERVICE **DELIVERY-**Address Line 1 5400 LEGACY DRIVE Address Line 2

City **PLANO** State/Province TX Zip 75024 Code

Last Changed Date 04/30/2004 08:26 AM

Created: 04/30/2004 09:26 AM

Page 9 of 32 SIU/Appeal **REDACTED** REDACTED Name ESTAL LIPSCOMB DOB **Account Name** LECTRONIC DATA SYSTEMS Account # SHD0985005 Incurred Date 04/29/2004 Claim Manager Charlene Crowder Incident # 1191446 Claim Eff Dt-Status 06/02/2004 - Closed Special Investigation SIU Acceptance Late SIU Completed Date Appeal Information Claim Re-opened Date First Appeal Appeal Received Date Appeal Acknowlegigement Letter Sent Date Appeal Resolution Date Second Appea Appeal Received Date Appeal Acknowledgement Letter Sent Date Appeal Resolutio Date Last Changed User **Timothy Wilson Last Changed Date** 04/30/2004 08:26 AM

Created: 04/30/2004 09:26 AM

https://dms-acclpim.group.cigna.com/accnza/custom/ClaimFilePrint.asp

4/3/2006

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Follow-Up Tasks - General Follow-Up

REDACTED

Name Account Name JESTAL LIPSCOMB

ELECTRONIC DATA SYSTEMS

REDACTED Account# SHD0985005

DOB

Incurred Date

04/29/2004

Claim Manager harlene Crowder

Incident # 1191446

Claim Eff Dt-Status 06/02/2004 - Closed

Title

FAX LAURENCE CRONIN - ADDT'L INFORMATION.

Comment/Instruction

SENT TO GRACIE GUNTHER.

Last Changed User

Felicia Williams

Last Changed Date

03/29/2006 08:13 AM

Status:

Completed

Assigned To:

Felicia Williams

Created:

03/29/2006 08:13 AM

https://dms-acclaim.group.cigna.com/acenza/custom/ClaimFilePrint.asp

4/3/2006

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Follow-Up Fasks - General Follow-Up

REDACTED

Name

ESTAL LIPSCOMB

REDACTED

Account Name Claim Manager Charlene Crowder

ELECTRONIC DATA SYSTEMS

Account # SHD0985005 Incident # 1191446

Incurred Date

DOB

04/29/2004 Claim Eff Dt-Status 06/02/2004 - Closed

Title

FAX LAWYER OFFICE-NOTES

Comment/Instruction

SENT TO Claim (anager GRACIE GUNTHER

Last Changed User

Lesly Lubin

Last Changed Date

03/28/2006 05:18 PM

Status:

Completed

Assigned To:

Lesly Lubin

Created:

03/28/2006 05:18 PM

https://dms-acclaim.group.cigna.com/acenza/custom/ClaimFilePrint.asp

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Follow-Up Tasks - SCU Assignment

REDACTED

Name

REDACTED

HESTAL LIPSCOMB Account Name | LECTRONIC DATA SYSTEMS Claim Manager | hariene Crowder

Account # SHD0985005 Incident # 1191446

Incurred Date

DOB

04/29/2004

Claim Eff Dt-Status 06/02/2004 - Closed

Title

Complete Task to Launch STD SCU Tasks

Comment/Instruction

Last Changed User

Maria Rocha

Last Changed Date

05/03/2004 08:51 AM

Status:

Completed

Assigned To:

Maria Rocha Created:

04/30/2004 09:26 AM

https://dms-acclaim.group.cigna.com/accnza/custom/ClaimFilePrint.asp

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Follow-Up	Tasks - Send Ackno	OWledgement Dank		
Account Name Claim Manager	LESTAL LIPSCOMB LECTRONIC DATA SYSTEMS Charlene Crowder	Account # SHD0985005 Incident # 1191446	NEDACIE	
Title Com Comment/Instruc	illete after sending Claim Acknow tion	ledgement Package,	- Close	:a
Last Changed Usi		Last Changed Date	05/03/2004 03:14 PM	
Status: Comp	eted Assigned To:	Maria Rocha Create		-

https://dms-accl.fim.group.cigna.com/acenza/custom/ClaimFilePrint.asp

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Phone Contact

Completed

Assigned To:

Status:

REDACTED

05/27/2004 04:28 PM

REDACTED HESTAL LIPSCOMB Name DOB Account # SH00985005 **ELECTRONIC DATA SYSTEMS** Account Name Incurred Date 04/29/2004 Claim Manager *Charlene Crowder Incident # 1191446 Claim Eff Dt-Status 06/02/2004 - Closed Title 05/27/2004 03:27 PM Type Outgoing Date User ID Sharon Reeves First Name tracey **Last Name** eaddy Employer Role Specify Other supervisor Call Reason * Employer Inquiry **Action Taken** Issue Resolved Call Summary 05/27/2004 1522 CST tot Supervisor Tracey Eaddy 302.454.7622, asked for JD and physical requirements mail room clerk, opens mail, sorts, metering of mail, delivers mail but usually envelopes, sedentary to light duty. States that they can accommodate transition work arrangements if necessary. NCM to fu after medical obtained. Sharon Reeves RN Sharon Reeves Last Changed Date 05/28/2004 09:52 AM Last Changed User

Sharon Reeves

Created:

https://dms-accldim.group.cigna.com/acenza/custom/ClaimFilePrint.asp

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Registration REDACTED REDACTED HESTAL LIPSCOMB DOB Account # SHD0985005 Account Name **ELECTRONIC DATA SYSTEMS** Incurred Date 04/29/2004 Claim Manager Charlene Crowder Incident # 1191446 Claim Eff Dt-Status 06/02/2004 - Closed Assignment Information . . **STD** nariene Crowder Claim Claim Type Manager Claim Office Clallas Fiending Claim Status Initial Investigation Claim Status Reason Employee Info@mation HESTAL LIPSCOMB First Name ΜI Last Name 3 11 W. 2ND STREET Address Line 1ST FLOOR Address Line **DELAWARE** 19805 City WILMINGTON State/Province Zip Code DELAWARE **United States** Country SUTA State 01/29/2002 REDACTED SSN ' Date of Hire REDACTED Date of Birth Gender Female Employee ID Number Location 0:1 Number Contract Information Rated / Ported Colle Any-Occ Date Mental Illness Limit Family Monthly Income Pension Supplemint LINA Only 0985005 SHD Policy Number **Policy Symbol** Suffix 001 Coverage Code 822 **CG Only** Policy Code **Account Number** Division Major/Minor **Sub Minor** Incident Information 04/28/2004 04/29/2004 Last Day Worked Incurred Date OTH ILL-DEF MORB/MORT 799 Primary ICD Description Primary ICD Code Secondary ICD Description Secondary ICD Code 054 · Sickness - Non-Occ Cause of Loss Description 05 - Office and Clerical Occupation Category 04/30/2004 Received Date 3 - Pre-X investigation Pre-Existing Condition pending 4/7/2006 https://dms-acclafim.group.cigna.com/acenza/custom/ClaimFilePrint.asp

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Benefit Information	<u> </u>		
Waiting Period Start Date	7 Days • 05/06/2004	Specify Other Benefit Term Date	
Termination Type Net Benefit Type	3 - Age Limit Or Benefit Pd Lim N - Gross or Gross less Offsets	it	11/03/2004
Frequency * Period Code *	M - One Month (Standard 30 Da 01 - 26 Weeks		
Integration Method Employee Contribution %	0.00 %	Override *	0.00 %
Compensation Amount Calculation Basics% Calculation Rounting	\$ 21,000,24 100.00 % N - No Rounding Applies	Compensation Frequenc	ey * Annually
Indicator* Minimum Amount Flat Benefit Amount	\$ 0.00 \$ 0.00	Maximum Amount *	\$ 0.00
Last Changed User A	faria Rocha	Last Changed Date 0	5/03/2004 03:13 PM
Status: Completed	Assigned To: Maria R		05/03/2004 04:11 PM

https://dms-acclaim.group.cigna.com/acenza/custom/ClaimFilePrint.asp

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.1	ESTAL LIPSCOMB LECTRONIC DATA : harlene Crowder	:		# SHD0985005 # 1191446	DOB Incurred Date Claim Eff Dt-Status	04/29/2004 06/02/2004 - Clos
ore Eligibility				3uy-up Eligiblity		
ask Type	Non-Contribu	llory		Fask Type		·
Pecision	Eligible			Decision		
lecision Date: rior Incident Num	05/03/2004 er		(Decision Date		
Non-Contribut	ry Plan		*	On-Line Help		
Does the Empli	yee meet definition o	f Yes		Select yes or	no from drop down be	ox.
employee as di	fined by the			If no, deny cla	ilm. Import Employee	denial letter and
Policy?				employer ven Documents	sion of denial letter int	o Acclaim:
				Folder, Close	claim. Do not continu	e the checklist.
				If yes, continu	e with the checklist.	
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Policy Effective	Dale	01/01/2004		Enter date: m	• • • • • • • • • • • • • • • • • • • •	
Date of Hire		07/29/2002		Enter date: mi	• • • • •	
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	ble based on first	Yes			o from drop down bo	• • • • • • • • • • • • • • • • • • • •
day after last da				If no, deny cla	im. Import Employee	denial letter and
-				employer vers Documents	ion of denial letter into	Acclaim:
				Folder, Close	claim.	4
				If yes, use a co	ulmination of the ansy	vers above, applied
	, , , , , , , , , , , , , , , , , , , ,			policy languag	e to make decision.	
st Changed Use	Maria Rocha		La	st Changed Date	05/03/2004 03:1	O PM
	ted Assigned		Maria Roch	a Create	d: 05/03/2004 0	4-ሰስ DM

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Provider C	ontact	F	REDACTE	D		. D	EDA	○TE
Account Name	HESTAL LIPSCOMB LECTRONIC DATA S hardene Crowder	YSTEMS	Account # SHI		DOB Incurred Da Claim Eff Dt	to (34/29/200) 4
Contact Inform	ation					-	. •	
Title							ere de la	
First Phon	Cali Resi	ult Left Message Answerie Machine	ng	04 03:12 PI	M User	Sharon i	Reeves	
Second Ph	one Calf Resu	ilt	Date		User			
Generate L	etter/Fax		Date		User			
Burden of	roof Letter Sent		Date		User			
Li Incoming G	all		Date	4	User			
Mall Receive	ed .		Date		User			
Contact Comment 05/27/2004 1511	s: ST tet Dr. Johnathan K M to fu w/i 48 working f	Graut surgica	ll dept 302.428.64	96 lvmm for	r cb regarding	dx, type o	of surgery	, tx plar
and itw status. Ne		a. origion /	ceaes VIA					
interview Docum		w. onaron A	ecves riv					
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Interview Docum Provider First Nam Contact First Name Primary ICD Code	nentation • JOHNATHAN	Provider Contact		KRAUT		vider Sper tact Role	cialty	Surgeo
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Document 38-24

Filed 07/03/2006

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Case 1:05-cv-00477-SLR

APR-03-2006 11:34 From:CTGNG DOLLOS

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Claimant C	ontact	REDACTED	REDACTED
	LESTAL LIPSCOMB LECTRONIC DATA SYSTEMS tharlene Crowder	monted Date	04/29/2004 tatus 06/02/2004 - Closed
Contact Inform	ation		
First Phoni Result Left N	essage - Answering Machine	Date 05/27/2004 03:09 PM User ID	Sharon Reeves
i i	essage - Answering Machine	Date 06/01/2004 11:17 AM User ID User ID	Sharon Reeves
Incoming G Mail Receive Contact Comment	od	Date User ID	
06/01/2004 1117 c Reeves RN 06/02/2004 No resp Interview Docum Primary Diagnosis/	ST tot ee above no. Ivmm for cb. onse from ee will have CM send entation Symptoms/Co-Morbid Conditio	cb. NCM to fu w/i 48 working hr. Sharon Reeve If no response w/i 24 working hr will have CM s contact letter to obtain medical. Sharon Reeves	end contact letter. Sharon
Spause Informáti	on		
First Name SSN s Spouse Employed Date of Birth of Your Other Income Benefi Comments	ngest Dependent	MI Last Name Date of Birth If Employed	
ast Changed Use	Sharon Reeves	Last Changed Date 06/02/2004 (08:19 AM
tatus: Complete	d Assigned To: S	# 1917	24 04:08 PM

https://dms-accldim.group.cigna.com/acenza/custom/ClaimFilePrint.asp

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Claim Strat	egy	REDACT	ΓED		REDACTED
	ESTAL LIPSCOMB LECTRONIC DATA SYSTEMS harlene Crowder	Account # 5	SHD0985005 1191446	DOB Incurred Date Claim Eff Dt-State	04/29/2004 us 06/02/2004 - Closed
Update Ration	ile				
Title Update Rationale	Initial Claim Strategy				
For Walk-up and Role	lurse Interaction Only	Name		4,000	
For Staffings Only	- Indicate Resources Present (check all that a	pply)		
NCM	•				
☐ VRC					
CBH Special	ist				
On-Site Psy					
Network Or	ropedist				
Claim Status In	ormation				1
Status Status Reason Reopened Reasoi Second Eye Revieu Required	Closed Denied, Not TD Own Occ v				
Second Eye R Complete Comments	deview Date	User iD		• • •	
Duration Informa	ation				. ■ -
Part Time Does Not Exs	Full Time		Red Fl	ag	
Provider's Estimate RTW Date	d	Days			
RD Primary ICD Code	799	ERD Reason Primary ICD Description		L-DEF MORB/MOR	₹
Strategy Docume	entation		,		
evel of Functional apacity ttps://dms-acclei	m.group,cigna.com/acenza/	/custom/Clain	nFilePrint.a	sp	4/3/2006

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Restrictions & Limitations

Subjective / Objective Findings / Treatment

Outstanding Issues and Follow-up Dates

Strategy

no medical received to suport TD, unknown surgical procedure so duration cannot be determined, no RTC fr ex either, eny for

Last Changed User

Kim Rudeen

Last Changed Date

06/02/2004 11:42 AM

Status:

Completed

Assigned To:

Kim Rudeen

Created:

05/03/2004 04:08 PM

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Employer (ontact	REDACTED		REDACTED
Account Name	HESTAL LIPSCOMB ELECTRONIC DATA SYSTEMS Charlene Crowder	Account # SHD0985005 Incident # 1191446	DOB Incurred Date Claim Eff Dt-St	04/29/2004 atus 06/02/2004 - Closed
·=	TRACEY EADDY HESTAL LIPSCOMB ELECTRONIC DATA SYSTEM	Phone (302)		dent# 1191446 EDACTED
Employer Con	act Information			
☑ First Reques	Date 05/03	V2004 03:09 PM	User Maria Roc	zha
Second Req	Taka .		User	
Incoming Ca	Duta		User	
_	tion Received Date 05/03	3/2004		
Last Changed Us	r Maria Rocha	Last Changed Dat	o 05/03/200	4 03:09 PM
Statute Comi	eted Assigned To:	Maria Rocha Creat	ed: 05/03/2	004 04:08 PM

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Page 24 of 32

Claim Assignment REDACTED **REDACTED** Name HESTAL LIPSCOMB DOB Account Name LECTRONIC DATA SYSTEMS Account # SHD0985005 Incurred Date 04/29/2004 Claim Manager Charlene Crowder Incident# 1191446 Claim Eff Dt-Status 06/02/2004 - Closed **ELECTRONIC DATA SYSTEMS (EDS)** Account Name Claim Type STD **Claim Complexity** Level 2 **Team Name** D-Roscoe Claim Office Dallas . -Charlene Crowder Claim Manager Nurse " Maria Rocha Last Changed Us Last Changed Date 05/03/2004 03:08 PM Status: Completed Assigned To: Maria Rocha Created: 05/03/2004 04:07 PM

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4/3/2006

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プログログラングので トウ・・ナ

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Page 25 of 32

Claim Complexity

REDACTED

REDACTED

Name

HESTAL LIPSCOMB

Account Name

LECTRONIC DATA SYSTEMS

Claim Manager Eharlene Crowder Account # SHD0985005

DOB

Incident # 1191446

incurred Date

04/29/2004

Claim Eff Dt-Status 06/02/2004 - Closed

Initial Claim Complexity

Condition:

Illness

Diagnosis or Description GRANDULURE TUMOR of Medical Condition:

Primary ICD Code Claim Complexity 799

Level 2

Description: OTH ILL-DEF MORB/MORT

Adjusted Claim Complexity

Occupation Category:

05 - Office and Clerical

Benefit Period:

01 - 28 Weeks

Work Related?:

Date of Hire:

07/29/2002

Incurred 04/29/2004

Date:

Length of Employment 3 Years

Prior Claim?

No

Adjusted Claim

Complexity:

Last Changed Usilir

Maria Rocha

Last Changed Date

05/03/2004 03:07 PM

Status:

Completed

Assigned To:

Maria Rocha

Created:

05/03/2004 03:13 PM

Intake		REDACTED		REDAC	`Т
Name Account Name Claim Manager	IESTAL LIPSCOMB LECTRONIC DATA SYSTEMS Charlene Crowder	Account # SHD0			
Requestor Name Employee Name Account Name	TRACEY EADDY HESTAL LIPSCOMB ELECTRONIC DATA SYSTEMS	Phone Phone Claim Type	(302)454-7622 (302)655-8973 STD	Incident # 1191446 REDACTED	
Requestor Info	mation	4.75			-
Format Received Date Role First Name Last Name Phone Number	04/30/2004 Employer TRACEY EADDY	E-Mail [] Fax [Mail 🗹 Telep	ohonic 🗍 Web	\$160m
Employee Inform	Type Other Phone	Number	(302)454-7622	Ext.	
	REDACTED				
Date of Birth Prefix Name	REDACTED	Age 42			
First Name Middle Initial	HESTAL				
Last Name Suffix Name Home Address	LIPSCOMB				
Address Line 1 Address Line 2 Zip Code	Added 3111 W. 2ND STREET 1ST FLOOR 19805				
City State/Province Country	WILMINGTON DELAWARE United States				
		Specify Other	A.:		
hone Number 1 hone Number 2 hone Number 3 hone Number 4	Type Home Work	Number (302)655-8973 (302)454-7622		ct.	
Mail Address					
rital Status	Female Male Married Partner Widowed	· ☑ Single 🏻	Unknown 🗀 11	Intrancetod [7]	
eferred Language	widowed English		LL 0	vhot t\$a _i]	
-1					

Page 27 of 32

Account Name ELECTRONIC DATA SYSTEMS (EDS) Account Location WC/FRO! Indicator	
WC/FROI Indicator	
[Z] Fast A. J. J.	
FMLA Indicator	
Work Location Fed OK	
Address Line 1 248 CHATMAN RD.	. 🗻
Address Line 2 STE 100 Zip Code 19702	
016.	
Chata I Daniel	·
Country	·
Onited States Specify Other:	
Supervisor Information	
First Name TRACEY	
Last Name EADDY	
Phone Number (302)454-7622 Ext. E-Mail Address TRACEY FADDY SERS COM-	
TRACEY.EADDY@EDS.COM	
Description of Job Duties	
Typing/Computer Work	
Sitting Repetitive Motion	
Phone	
Walking Bending	
Supervise/Manage	
Stooning	
Crawling P	ounds:
Carrying	ounds:
Operating Heavy Equipment Lifting P	ounds:
Writing(manual)	pecify Other:
Occupation Category 05 - Office and Clerical	
Job Title MAIL ROOM CLERK	
Date of Hire 07/29/2002	
last day worked 04/28/2004	
First Day Missed ∲rom Work [™] 04/29/2004	
Expected Time Out of Work	
Expected RTW Date	
Other Employment? No	
Applied for or Receiving No Other Benefits?	
Offsets Offset Amount	
Social Security Disability \$0.00	
Social Security Retirement \$ 0.00	
	·

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				Page 28 of 32
Dependent Social Se	an enite	\$ 0.00		
	acting .	\$ 0.00		
Pension		\$ 0.00		
VA Benefit	lackility Damatika	\$ 0.00		
Government/State Di		\$ 0.00	•	i
Worker's Compensat	GON	\$ 0.00		-
No Fault Benefits	A	\$ 0.00		
Other Group Disabili	ty	\$ 0.00	, marie a	
Salary Continuance	A 886 - 1 - E 884 E 957 A -	\$ 0.00		
Group Life Permaner	nt Total Disability	•		
Condition Information				
Condition	☑ Illness [] Injury	Pregnancy		
Disonasis or Description o				
REDACTED				4
Is Condition Related to Work Activities?	No	1 F)		į
Filing for Workers		•		
compensation?	•			
Workers' Compensation Ty Claim Type	/pe STD			
Claux Typo				
Illness/Injury Informatio	Π			
Date Accident Happened	03/01/2004			
or Symptoms first Appeare Past/Recurrent Condition?			•	:
Other Medical Conditions:				
Did Condition Result in Death?				
Date of Death				
Time of Injury Body Section				
Side				!
Body Part				
Nature of Injury Cause of Incident				
Place of illness/injury	☐ Auto ☐ Home	Other		
State Accident Occured In				
Describe What Happened:				i
Place Description				
Address Line 1				
Address Line 2				
Zip Code				
City State/Province				
Country	United States	Specify Other:		
		(C) _i'r:: _r:i4		4/3/2006
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Witness Information

Were Thore Witnesses?

Witness First Name

Witness Last Name

Phone Number

Type

Number

Ext.

Medical Information

Initial Treatment Hospital or Clinid?

No

Surgery Information

Surgery Scheduled or Performed? Yes

Date of Surgery

04/29/2004

Type of Surgery

Provider Information

First Name

JOHNATHAN

Last Name

KRAUT

Address Line 1

501 W. 14TH ST.

Address Line 2

Zip Code

19801

City

WILMINGTON

State / Province

DELAWARE

Country

United States

Specify Other:

Ext.

(302)428-6496

Phone Number E-mail Address

Provider Specialtr

Date of First Treatment

Date of Most Recent Treatment

04/07/2004

Date of Next Scheduled Treatment

Date Unable to Work

According to Provider

Primary ICD Code

Secondary ICD Clide

ICD Code 3

ICD Code 4 ICD Code 5 Description

Description

Description

Description

Description

Information from Employer

Department Name

Present Position \$tart Date

Employment Status

Active Employee

Date of Layoff/Termination

Job Characteristius

or

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: : : : : : : : : : : : : : : : : : : :			
		☑ Non-Exem	4
Exempt	or	Part-Time	þr
Full Time	or		
Management	ог	✓ Non-Mana ✓ Non-Sama	
Supervisory	or .	✓ Non-Supe	•
Unión Name	-	✓ Non-Union nber	1
✓ Salary	or	☐ Hourly	•
			. .
Eligible for Overtime? Yes			
Receive Commissions No			
✓ Eligible for Bonus?			
Compensation Types			
Board			
Company Car	Clothing All	owance	
Draw	Health Insu	rance	
Housing	Income From	m Other Sources	
Laundry	Lodging		
Meal Allowance	Piecework		
☐ Tips	Telephone		
1			
Work Shift Information			
1	✓ Standard ☐ Days V	′ary ∐ Times Var	y
Work Shift Information	· ·	′ary ∐ Times Var ☑ W ☑ Th ☑	
Work Shift Information Shift Schedule	☐ Su ☑ M [4] Tu 8:00 AM		
Work Shift Information Shift Schedule Work Week Start Time End Time	Su M M Tu 8:00 AM 5:00 PM		
Work Shift Information Shift Schedule Work Week Start Time End Time Total Hours Worked Per Week	Su M M Tu 8:00 AM 5:00 PM 40	V W ☑ Th ☑	
Work Shift Information Shift Schedule Work Week Start Time End Time	Su M M Tu 8:00 AM 5:00 PM	V W ☑ Th ☑	
Work Shift Information Shift Schedule Work Week Start Time End Time Total Hours Worked Per Week Details	Su M M Tu 8:00 AM 5:00 PM 40 04/01/2004	V w ☑ Th ☑	F : Sa
Work Shift Information Shift Schedule Work Week Start Time End Time Total Hours Worked Per Week Details Date of Last Charge in Earnings	Su M M TU 8:00 AM 5:00 PM 40 04/01/2004	V W ☑ Th ☑	
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Work Shift Information Shift Schedule Work Week Start Time End Time Total Hours Worked Per Week Details Date of Last Charge in Earnings	Su M M Tu 8:00 AM 5:00 PM 40 REDAC 04/01/2004 Annual Salary: \$ Preceding Disability)	V w ☑ Th ☑	F : Sa Monthly: \$
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Paid In full for lagt day worked?

Hours Worked Last Day

First Day Missed From Work (ER)** 04/29/2004

Has Employee Riturned to Work

No

Actual RTW Date RTW Duty Type

Insurance Information

Healthcare Insurance Provider

Aetna

Specify Other:

Life Insurance with Cigna?

Life Policy Number

STD Effective Date

STD Contribution

STD Post-Tax Contribution

0.00 %

Did the Employed purchase a Buy-Up Coverage for TD?

STD Buy-Up Effetive Date

STD Buy-Up Contribution

STD Post-Tax Bulg-Up Contribution 0.00 %

LTD Effective Date

LTD Contribution

LTD Post-Tax Contribution

0.00 %

Did the Employee purchase a Buy-Up Coverage for LTD?

LTD Buy-Up Effective Date

LTD Buy-Up Contribution

LTD Post-Tax Buy-Up Contribution 0.00 %

Employer-Calculated Blended 0.00 %

Contribution

Requested to Description From Employer

Incident Number

1191446

Comments:

Healthcare Connect

Yes

Claim Office

350378

Early Notice ID

000000000

CHC Eligibility Source

CHC Data Source

CHC Medical Product Type

CIGNA Behaviora Type

CHC Well Aware

Unknown

Last Changed Use

Timothy Wilson

Last Changed Date

04/30/2004 08:26 AM

Additional Note

Created:

عند المدالة

04/2#/2004 11:07 AM

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4/3/2006 =

Page 32 of 32

Creator:

Bianca Dunlap

Type:

General

Subject:

PRE FILE

Description:

LDV 04/28/2004 FDD 04/29/2004

Status:

Completed

Assigned To:

Timothy Wilson

Created:

04/20/2004 10:59 AM

https://dms-accl.lim.group.cigna.com/acenza/custom/ClaimFilePrint.asp

1/2/200x

Case 1:05-cv-00477-SLR Document 38-24 Filed 07/03/2006 Page 59 of 62

Affidavit of Laurence V. Cronin

Exhibit KK

The Corporate Plaza

P.O. Box 410

(Courier 19801)

Phone (302) 652-8400 Fax (302) 652-8405

www.skfdelaware.com

800 Delaware Avenue, 7th Floor

Wilmington, Delaware 19899



Craig B. Smith

Robert J. Katzenstein

David A. Jenkins

aurence V. Cronin

dichele C. Gott

(athleen M. Miller

loger D. Anderson

E. Polesky

obert K. Beste

tta R. Wolfe

April 3, 2006

VIA FACSIMILE ONLY

Ms. Gracie Gunther, Senior Claim Manager Cigna Group Insurance Routing D212 12225 Greenhill Ave, Suite 1000 Dallas, TX 75243

Re: Lipscomb v. Electronic Data Systems Corporation (C.A. No. 05-477 SLR, D. Del.)

Dear Ms. Gunther:

Thank you for faxing me complete copies of the documents that you had previously sent to me in response to our subpoena. By copy of this letter, I am transmitting copies of those documents to counsel for EDS in the above referenced litigation. This letter will also confirm that Cigna has no records available which would identify any of the documents sent to fax number 800-325-7016, and therefore, it is impossible for Cigna to identify any of the documents that it received on June 21, 2004 directed to that number. This will also confirm that after checking with Cigna's technology personnel, it is your understanding that the other facsimile or phone number we discussed this morning (800-377-4286) is not presently, and was not a Cigna number on June 21, 2004.

If I have misstated any portion of our conversations, please let me know. Thank you again for your cooperation. We will be in touch shortly with respect to the scheduling of a deposition.

Very truly yours.

Laurence V. Cronin

LVC/vkm

cc:

Thomas J. Piatak, Esquire (w/enc.)

10012857.WPD



04/03/2006 17:12 05-cv-00477-SLR Document 38-24 Page 61 of 62 Filed 07/03/2006 ******** TX REPORT ********** TRANSMISSION OK TX/RX NO 3881 CONNECTION TEL 918607313238p04297 **SUBADDRESS** CONNECTION ID ST. TIME 04/03 17:11 USAGE T 00'52 PGS. SENT 2 RESULT OK

> Smith Katzenstein Furlow LLP

Attorneys at Law

The Corporate Plaza 800 Delaware Avenue P.O. Box 410 Wilmington, DE 19899 Telephone: (302) 652-8400

Telephone: (302) 652-8400 Telecopy: (302) 652-8405

FACSIMILE COVER SHEET

To:	Ms. Gracie Guntl	er
•	Facsimile No.	860-731-3238
1	Telephone No.	
From:	Laurence V. Cron	n, Esquire
Date:	April 3, 2006	
MESS.	AGE/ATTACHMEN	T(S):
Total num	nber of pages, including	ig this cover letter:
If you do i	not receive all of the p	pages, please call (302) 652-8400 as soon as possible and

04/03/2006 (C语彩 1F05-cv-00477-SLR Document 38-24 Filed 07/03/2006 Page 62 of 62 1001

TRANSMISSION OK

TX/RX NO
CONNECTION TE

CONNECTION TEL SUBADDRESS

CONNECTION ID ST. TIME

USAGE T PGS. SENT

RESULT

3882

912166960740p04297

04/03 17:13

10'49 35

OK

Smith Katzenstein Furlow LLP

Attorneys at Law

The Corporate Plaza 800 Delaware Avenue P.O. Box 410 Wilmington, DE 19899 Telephone: (302) 652-8400 Telecopy: (302) 652-8405

FACSIMILE COVER SHEET

To:	Thomas J. Piatak, Esquire		
	Facsimile No.	(216) 696-0740	
	Telephone No.	(216) 621-0200	
From:	Laurence V. Cronin, Esquire		
Date:	April 3, 2006		

MESSAGE/ATTACHMENT(S):

Total number of pages, including this cover letter: